

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019883

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 282 Primary Registration District No. 3055 Registrar's No. 59

VS 300
Rev. 4/59

1 0841

2 0841

3

4 0

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7 1

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9 4221

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11

12 90-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

1. PLACE OF DEATH (Where deceased lived, if institution: Residence before admission)		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)	
a. COUNTY <u>Folk</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Bolivar</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Folk</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>809 S. Albany Ave.</u>	Length of stay in lb <u>15 years</u>	c. CITY OR TOWN <u>Bolivar</u>	Inside Limits <u>Yes</u> No <input type="checkbox"/>
d. STREET ADDRESS <u>809 S. Albany Ave.</u>	Inside Limits <u>Yes</u> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)	Reside on Farm <u>Yes</u> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First <u>GEORGE</u> Middle <u>WASHINGTON</u> Last <u>ZUMBRUN</u>		Month <u>May</u> Day <u>10</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 19 1873</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stone mason</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>	11. BIRTHPLACE (City and state or country) <u>Ohio</u>
13a. FATHER'S NAME <u>Geo. Zumbun</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Neff</u>	14. NAME OF HUSBAND OR WIFE <u>Matthie Zumbun</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>[redacted]</u>	17. INFORMANT <u>Matthie Zumbun</u>
18. CAUSE OF DEATH (Enter only one cause per line)		INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY:			
IMMEDIATE CAUSE (a) <u>Auto. heart failure</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>chronic myocarditis</u>			
DUE TO (c) <u>General arteriosclerosis</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days.	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY	Hour <u>3:10</u> a.m. p.m.	Month, Day, Year <u>May 9 1962</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>May 9 1962</u> to <u>May 10 1962</u> and last saw her/him alive on <u>May 9-62</u>		Death occurred at <u>3:10 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Dr. M. L. [redacted]</u>		22b. ADDRESS <u>Bolivar Mo</u>	22c. DATE SIGNED <u>5/11/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>5-13-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Bolivar Mo.</u>
24. FUNERAL DIRECTOR <u>Adney J. Potts</u>		25. DATE RECD. BY LOCAL REG. <u>May 24 1962</u>	26. REGISTRAR'S SIGNATURE <u>Ralph Gordon per [redacted]</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Larry R. Tillery

Licensed Embalmer No.

5166

P. O. Address

Bolivar, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.